

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3456HWH</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>WE CARE FOUNDATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2216 S 6TH ST LAS VEGAS, NV 89104</b>		
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WW000	<p>INITIAL COMMENTS</p> <p>This Regulation is not met as evidenced by: The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your facility on 8/3/09</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Halfway Houses for Recovering Alcohol and Drug Abusers Regulations, adopted by the Nevada State Board of Health on December 17, 2001 with an effective date of 01/01/02.</p> <p>The facility is licensed for 8 beds. The census at the time of the survey was 4.</p> <p>The following deficiencies were identified:</p>	WW000		
WW031 SS=C	<p>HEALTH AND SANITATION</p> <p>NAC 449.154919: (2) A container used to store garbage outside of a facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the container. At least once each week, the container must be emptied and the contents of the container must be removed from the premises of the facility.</p>	WW031		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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WW031	Continued From page 1  This Regulation is not met as evidenced by: Based on observation on 8/3/09, the facility failed to cover garbage containers.  Findings include:  The outside garbage container on 8/3/09 was not covered.  Severity: 1 Scope: 3	WW031		
WW033 SS=F	HEALTH AND SANITATION  NAC 449.154919: (3) To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of clients within and outside the facility.  This Regulation is not met as evidenced by: Based on observation on 8/3/08, the facility was not free of obstacles on the outside of the facility.  Findings include:  On 8/3/09, the south exterior of the facility had numerous old tools, mops and buckets impeding a clear fire egress route.  Severity: 2 Scope: 3	WW033		
WW037 SS=D	HEALTH AND SANITATION	WW037		

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WW037	Continued From page 2  NAC 449.154919: (5) All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This Regulation is not met as evidenced by: Based on observations on 8/3/09, all windows capable of being opened were not screened to prevent the entry of insects.  Findings include:  On 8/3/09, the south facing bathroom window between bedroom #1 and bedroom #2 was missing a screen.  Severity: 2      Scope: 1	WW037		
WW069 SS=C	RIGHTS OF CLIENTS  NAC 449.154941: An administrator shall ensure that: (1) A client of the facility is not abused, neglected or exploited by another client of the facility or any person who is visiting the facility.  This Regulation is not met as evidenced by: Based on interview and record review on 8/3/09, the administrator failed to establish all policies and procedures regarding client rights;  Findings include:	WW069		

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WW069	Continued From page 3  On 8/3/09, the following client rights policies were not available for review;  1. A policy that ensured the resident is not prohibited from speaking to any person who advocates for their rights.  2. A policy that allowed a resident can interact socially in a manner that is consistent with the rules of the facility.  Severity: 1 Scope: 3	WW069			
WW076 SS=C	CLIENT FILES; MAINTENANCE; CONTENTS; CONFIDEN  NAC 449.154943: (1) An administrator shall ensure that the facility maintains a separate file for each client of the facility and retains the file for at least 5 years after the client permanently leaves the facility.  The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the client, including, without limitation:  (a) The full name, address, date of birth and social security number of the client.  This Regulation is not met as evidenced by: Based upon observation and interview on 8/3/09,	WW076			

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WW076	Continued From page 4  the facility failed to ensure the resident files were secured.  Findings include:  On 8/3/09, 4 of 4 resident files were not secured in the facility's office.  Severity: 1 Scope: 3	WW076			
WW079 SS=F	CLIENT FILES; MAINTENANCE; CONTENTS; CONFIDEN  NAC 449.154943: (1) An administrator shall ensure that the facility maintains a separate file for each client of the facility and retains the file for at least 5 years after the client permanently leaves the facility.  The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the client, including, without limitation:  (d) Evidence of compliance with the provisions of NAC 441A.380.  This Regulation is not met as evidenced by: Based on record review on 8/3/09, the facility failed to ensure 4 of 4 residents complied with NAC 449.380 regarding tuberculosis (TB) testing.  Findings include:	WW079			

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WW079	Continued From page 5  On 8/3/09, the resident's files failed to contain evidence of a two-step TB skin test (Resident #1, #2, #3, & #4).  Severity: 2    Scope: 3	WW079			
WW087 SS=F	<b>SAFETY FROM FIRE</b>  NAC 449.154945: (3) At least one portable fire extinguisher must be available at the facility. Any portable fire extinguishers available at the facility must be inspected, recharged and tagged at least once each year by a person certified by the state fire marshal to conduct such inspections.  This Regulation is not met as evidenced by: Based on observations on 8/3/09, the facility failed to ensure portable fire extinguishers were inspected annually.  Findings include:  On 8/3/09, 4 of 4 fire extinguishers had expired inspection tags dated 11/06.  Severity: 2    Scope: 3	WW087			
WW093 SS=F	NAC 449.441A.375 Management of cases and suspected cases  NAC 441A.375: Medical facilities, facilities for the dependent and homes for individual	WW093			

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WW093	<p>Continued From page 6</p> <p>residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the</p>	WW093			

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WW093	<p>Continued From page 7</p> <p>2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p>	WW093			

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WW093	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/3/09, the facility failed to ensure 7 of 7 employees complied with NAC 449.380 regarding tuberculosis (TB) testing or a pre-employment physical.</p> <p>Findings include:</p> <p>Employee #1 - The employee's file contained evidence of a one-step TB skin test dated 5/25/06. The file did not contain any other TB tests.</p> <p>Employee #2 - The employee's file contained evidence of a one-step TB skin test dated 5/25/06. The file did not contain any other TB tests. The file did not contain evidence of a pre-employment physical.</p> <p>Employees #3, #4, #5, #6, &amp; #7 - The employee's files lacked evidence of any TB tests or pre-employment physicals.</p> <p>Severity: 2    Scope: 3</p>	WW093			

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